

## How to read the Web Portal eligibility verification screen

On the Eligibility Request screen, when you enter a recipient's 12-digit ID number, birthdate, and a valid date of service (DOS) OR Social Security Number, birthdate, and DOS, you will see the following panels shown below. **Note:** From and To DOS values must be within a six month range.

Have questions about client eligibility? Contact our provider call center at 1-800-686-1516 through the Interactive Voice Response System (IVR). It provides 24 hour, 7 days a week access to information regarding client eligibility, claim and payment status, prior authorization, drug and procedure codes, and provider information.

1 Recipient Information				
Medicaid Billing Number	9999999999			
Last Name	RECIPIENT			
First Name	MARY			
Gender	FEMALE	County Office	http://jfs.ohio.gov	
Date of Birth	3/28/9999	Number B		
Date of Death		Number B		

**1 Recipient Information:**

- The recipient's Medicaid ID number, name, gender, Social Security Number, birth date, and date of death.
- County of residence – County where the consumer resides.
- County of eligibility – County where the case worker resides.
- Number of bed hold days used paid CY - Number of leave days used by the recipient for the Long Term Care period.

2 Benefit / Assignment Plan				
Benefit / Assignment Plan	Effective Date	End Date	Provider Name	
N : Limited to emergency services	03/01/2009	05/01/2009		
Hospice	03/01/2009	05/01/2009	NATIONAL ME	

**2 Benefit / Assignment Plan(s):** If the recipient is eligible, the end date will display as the date of your inquiry. The following codes indicate OHP medical benefit packages:

- MCAID - full Medicaid services
- OMH - Ohio Mental Health
- TCM - Targeted Case Management
- QMB - QMB only

3 Case/Cat/Seq Spent				
Monthly Amount	Effective Date	End Date	Type	
1001.99	04/05/2009	04/05/2009	DELAYED	

**3 Spenddown:** If the recipient has spenddown, the monthly amount, effective date, end date and the type of spenddown will be displayed here.

4 TPL				
Carrier Name	Carrier Number	NAIC	Policy Number	Policy Holder
CIGNA HEALTHCARE	PF76617		KOD930369923	THUY CORDEIRO
BC/BS OF FLORIDA	PF77027	12345	910369923	THUY CORDEIRO

**4 Third-Party Liability:** The carrier name, carrier number, national association of insurance carriers (NAIC) number, policy holder information, coverage type, coverage dates and group number for any third-party resources.

5 Managed Care		
Plan Name	Effective Date	Plan Description
Buckeye Community Health Plan - ABD	03/01/2009	HMO, ABD
Unison Health Plan - CFC	03/01/2009	HMO, CFC
Amerigroup Ohio, Inc. - ABD	03/01/2009	HMO, ABD

**5 Managed Care:** The name, description and effective dates for any managed care plans in which a recipient is enrolled. There are several types of managed care plans offered in Ohio including:

- Buckeye Community Health Plan (ABD)
- Unison Health Plan (CFC)
- Amerigroup Ohio, Inc. (ABD)

6 Lock-In				
Lock-In Plan	Lock-In Type	Effective Date	End Date	Provider
Hospice	HOSPC	03/01/2009	05/01/2009	NATION

**6 Lock-In:** If the recipient is part of a lock-in plan for a specific provider, the plan information, effective dates and provider information will display here.

7 Medicare			
Coverage	Effective Date	End Date	Plan Name
PART A	04/05/2009	04/05/2009	
PART B	04/05/2009	04/05/2009	
PART D	04/05/2009	04/05/2009	ADVANTAGE STAR PLAN BY RXAMER
PART D	04/05/2009	04/05/2009	PACIFICARE SELECT PLAN

⑦ **Medicare:** If the recipient is enrolled in Medicare part A, B, or D, the effective dates, plan information and health insurance claim number (HIC) name will display here.

8 Service Limitation	
Procedure Code	Description
D2385	RESIN ONE SURF POSTER PERMAN

⑧ **Service Limitation:** If you enter a procedure code with a service limitation when entering the client ID and the dates of service on the Eligibility Verification Request screen, the next available data of service for that procedure will display here.

9 Level of Care Determination				
LOC Requested	Status	Determination Date	LOC Determination	Description
07/01/2009	TEST DSC STATUS CODE FOR A	02/02/2010	NURSING FACILITY	INTERMEDIATE

⑨ **Level of Care Determinations:** If the recipient is in long term care, the level of care type and associated dates are displayed here.

10 Patient Liability				
Financial Payer	Monthly		Effective Date	End Date
	Amount	Type		
Default	\$0.00	Nursing Home	01/01/2007	01/31/2007
Default	\$100.00	Pro-rated Wavier	01/01/2007	01/31/2007

⑩ **Patient Liability:** If the recipient has any patient liabilities, the payer information, type and amount of liabilities and effective dates will display here.

11 Long Term Care Facility Placements			
Facility Type	Date of Admission	Effective Begin Date of Medicaid Coverage	End Date of Medicaid Coverage
Hospital	01/01/1999	01/01/2000	12/31/2299
Non-State Operated ICF-MR	01/01/2000	01/01/2000	12/31/2299

⑪ **Long Term Care Facility Placements:** If the recipient is in long term care, the LTC facility, admission and effective dates will display here.

12 Special Program						
Special Program	Date Application Received	Status of Application	Provider Name	Provider Phone Number	Program Start Date	Program End Date
Old Ohio Home Care Waiver	07/01/2009	TEST DSC STATUS CODE FOR D	TEST	(555)555-5555	01/05/2009	03/31/2009
Assisted Living Waiver - ODA	06/01/2009	TEST DSC STATUS CODE FOR A	TEST	(555)555-5555	01/05/2009	03/31/2009

⑫ **Special Program:** If the recipient enrolled in any special (waiver) programs, the description of the program, the application status and provider information and program effective dates will display here.